

MEDICAL CENTURY

THE NATIONAL JOURNAL OF HOMŒOPATHIC MEDICINE AND SURGERY

Published by the Medical Century Publishing Co.

JANUARY 1915

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HOMŒOPATHIC MEDICINE AND SURGERY

VOL. XXII

JANUARY, 1915

No. 1

ORIGINAL ARTICLES.

DRUG PICTURES.

BY JOHN H. CLARKE, M. D., LONDON, ENGLAND.

ACTÆA RACEMOSA.

CLINICAL.—Colic. Diarrhœa. Indigestion. Mania.

CHARACTERISTICS.—*Act. r.* is one of the great remedies of the American additions. It was proved by H. M. Paine and C. H. Burr in 1858; later by Backmeister and many others. The muscular system, the bellies of the muscles, their sheathes, muscular organs, like the heart and the uterus, are very powerfully affected. Other localities are—head, eyes, spinal cord, nape of neck and lumbo-sacral region. The mental symptoms are strongly marked and many cases of mania and melancholia have been cured by *Act. r.* in males as well as females. I cured with *Act. r.* a case of melancholia in a lady at the climacteric who had fear of being poisoned, and refused food. The overpowering gloom, suspicion, suicidal tendencies, illusions of animals are the chief guides. *Act. r.* has “sees rats and mice.” “Rats” may serve to connect the mental symptoms with another symptom which has been called the “rat” symptoms of *Act. r.*—“Gnawing at the epigastrium as from rats.” Macnish (*H. W.*, May, 1908) records this case. A lady 27 had suffered every winter for several years from a gastric pain of a gnawing character “like rats.” Married five years; no family. Her diet was ordinary. The attacks of pain began on rising in region of umbilicus. Nausea but no vomiting. Sensation of a ball in the throat, great sensitiveness, constipation, inability to endure tight clothing. *Lach. 12*, with *Belladonna* plasters locally produced little or no improvement in six weeks. Then on account of the patient's insistence on the gnawing character of the pain *Act. r. 3x* was given thrice daily with immediate relief and final cure.—The restlessness and jerking of *Act. r.* have led to its successful use in chorea; and the combination of rheumatic and choreic symptoms makes it peculiarly appropriate when both are found.—Kent (*J. of Hcs.*, April, 1901) comments on the irregularity of the menstrual flow with *Act. r.*: “It is sometimes copious, sometimes suppressed, sometimes scanty;” and there is “some pain all through the flow. The greater the

flow the more the pain.” This is peculiar to *Act. r.*—the trouble is during the flow. The most severe mental symptoms, the most severe rheumatic symptoms, the most extreme jerking or cramping of the limbs and sleeplessness are during the menstrual flow.” Soreness of the uterus and ovarian region. Lame, bruised feeling all over; painful menstruation—“rheumatic dysmenorrhœa” as it has been termed. Kent also gives this: “A feeling in the region of the heart as if the heart were sore, and as if it were enlarged.” Soreness is one of the notes of *Act. r.*, especially of the muscles and muscular organs. Pains of *Act. r. extend*: from forehead to nose; from eyes to vertex; from neck to vertex; from occiput shooting down back. There are many pains in the umbilical region and below the umbilicus. The left side is more affected than the r. Professors Hill and Douglas in their report on provings with *Act. r.* note its different actions on different sexes. “It produced nausea, vomiting and much gastric irritation in the six women, while in forty men it was hardly noticed as affecting the stomach in the least. Being an important remedy in the morning-sickness of the pregnant we may conclude that all the gastric symptoms observed by female provers depend on the uterus.” This observation, says Hering, is “of the utmost importance for the scientific development of our materia medica.” And he adds: “It has also been observed that *Cup.* acts more on the female and *Fer.* on the male organs.”—Among peculiar symptoms and sensations are: “As if vertex opened and let in cold air.” “Brain as if too large.” “Internal tremor of stomach, after breakfast.” “As if foot had been compressed.” “Uneasy feeling in limbs.” There is a paroxysmal headache < immediately after rising. Pains in limbs disappear and go to bowels causing diarrhœa. Some modalities are: Pain and heat at stomach > by eructations. (But there are also eructations without relief.) There is pain in the heart < by bending forward. Lameness in r. leg < bending forward. Pain in some spinous processes on bending forward. On the other hand colic is > bending forward. < afternoon. < as evening approaches. < side lain on (muscles jerk).

RELATIONS.—Compare: Sensation as if vertex opened and let in cold air (*Aco.*, as if a ball mounting from umbilicus to head and spreading a coolness over it). Pain from lumbar region

passing round body (Aco., cutting in a circle from spine to abdomen, < side lain on), Aco. (Aco., sweat; Act. r., muscles jerk.) Lame wrist, Ars., Ph. Desires solitude, Aco. (opp. Ars.) Fear, suppressions from exposure to cold, fever, Aco. *Antidoted* by Bry. (upward pressing pain in vertex.) Colicky pain > bending forward, Col. Opening and shutting sensation at vertex Cn. i. Alternate constipation and diarrhoea, Ant. c. Pain in cartilages of l. free ribs. Headache > in open air, Aco. Restless limbs, Zn. Talkative, Lach., Pho. Head retracted, Aco., Ant. t.

CAUSATION.—Becoming chilled. Suppurations: of menses; of lochia; of neuralgia (resulting in mania) from mental emotions.

SYMPTOMS.

1. MIND.—*Sensation as if a heavy black cloud had settled all over her and enveloped her head, so that all was darkness and confusion, while, at sometimes, it weighed like lead on her head.*—Unable to find the right word in speaking.—Startled by illusion of *mouse running from under her chair.*—*Fear of death.*—Fears those in the house will kill him; with visions of rats and strange objects.—Frequent sighs or ejaculations.—Grieved and troubled, with sighing; next day tremulous joy, mirthfulness and clear intellect.—Miserable, dejected feeling.—*Weeping, dejected, anxious.*—Suspicious, won't take the medicine.—Answers questions hurriedly and evasively.—Delirium: with headache; with nausea, retching, dilated pupils.—A sort of delirium in which he runs over subjects on which he has been reading.—Desire for solitude.—To wander from place to place.—Changeable mood.—Indifferent, taciturn; or great loquacity.—Incessant talking; changing from one subject to another.—*Thinks is being poisoned.*

2. HEAD.—Dizziness on rising in morning, with pain over eyes; faintness, nausea and occasional vomiting.—Vertigo with impaired vision.—Feeling as if intoxicated.—*Dreadful feeling in the head as if spinning round and round* (caused by Act. r. 1).—Dull boring in forehead; over eyes.—Headache down to the nose.—Opening and shutting sensation when moving head and eyes.—Sharp cutting pain in r. temple.—Headache through temples; as if head would burst.—*Pain from eyes to vertex.*—*Aching pains in vertex and occiput, in paroxysms at times quite severe, immediately after rising, continuing, but less severely, during the day.*—*Pressing outward and upward in vertex as if not room enough.*—Intense pain as if a ball had been driven from neck to vertex < at every throb of heart. Sore, bruised feeling in vertex as if *top would fly off.*—Severe pain in head and eyeballs on slightest motion; painful to turn in any direction.—*Dull pain in occiput, with shooting down back of neck.*—Every inhalation seems to bring cold air in contact with brain.

3. EYES.—During headache, eyes congested.

—Heaviness in eyes as if caused by cold.—Eyes feel swollen.—Eyes painful with lachrymation.—Pain; stinging; sensation of swelling of lids.—Blisters on lids.—Pain in centre of eyeballs, and also sensation as if pain were situated between eyeball and roof of orbit; morning, rising.—*Ulcerated cornea with sharp pains through eyes into head.*

4. EARS.—Buzzing in ears.—Sweat behind ears.

5. NOSE.—Sneezing; in evening.—Coryza; following pain in head; with sore throat; extending to bronchi.—Obstruction of l. nostril evenings.—Fine stitch outside l. ala nasi.—Sensitive to cold air; every breath seems to bring cold air in contact with base of brain.—Very profuse, greenish, slightly bloody coryza.—White mucus.—Abundant, fluent coryza.—Fine stitch to outside r. wing of nose.—Stinging sensation in nose, evening.

6. FACE.—Face bluish.—Wild, fearful expression.—Severe pain in l. jaw.—Very severe pain in face, more in lower jaw and its joints, and in lower teeth. Suddenly very faint, face became ashy white, weakness so great that she believed she was dying.

7. TEETH.—Thick mucus on teeth.—Peculiar uneasiness in teeth, wants to chew or pick them.

8. MOUTH.—Increased flow of saliva, immediately.—Root of tongue and fauces swollen.—Unpleasant taste.—Ulcer on inner surface of lower lip.—Tongue clean but pointed and trembling.

9. THROAT.—Palate and uvula red and inflamed.—Hawks up a viscid coppery-tasting mucus.—Fulness of throat and vertex and stiffness of neck.—Sensation as if the throat was partly filled as low as top of sternum.—*Constriction of pharynx with increased secretion of mucus.*—Rawsness in throat and difficulty in swallowing.—During forenoon, empty aching all along œsophagus.

10. APPETITE.—Loss of appetite.—Thirst; has no desire to drink.—Taste for tobacco diminished.—After breakfast: headache > ; pain in l. temple.—Faint before breakfast, overfilled after.—After dinner pain through chest.

11. STOMACH.—Violent eructations, but no relief.—Nausea and vomiting (most in females).—Pain and heat in stomach.—Awful nausea with tremors all over.—Nausea all through abdomen followed by a loose stool, accompanied by sharp pain in abdomen and downward pressure in rectum.—*Tremor of stomach;* after breakfast.—Distension of stomach and upper part of abdomen.—Uneasiness at stomach.—Feeling as if he had eaten too much.—Pain and heat in stomach > by eructation.—Warmth and dryness of whole alimentary canal.—Gnawing sensation in epigastrium ("the rat symptom").—Sinking at epigastrium with palpitation of the heart.

12. ABDOMEN.—Pain in l. hypochondrium, < on motion and deep breath.—Dull pain in liver

region.—Flatulence and feeling of fulness.—Umbilical region: rumbling of flatus; dull gripping, twisting more towards l.; acute cutting, uninfluenced by eating.—Wandering pains in bowels.—Rumbling in lower abdomen; fulness; *soreness*.—Slight pain in l. iliac region; afterwards, severe pain in bowels, mostly below umbilicus, with weight and pain in lumbar and sacral regions.

13. STOOL AND RECTUM.—Disposition to diarrhoea.—Scanty diarrhoea with tenesmus.—Copious, papescent stools.—Morning diarrhoea of children.—Pains go from limbs to bowels, pressing diarrhoea and partial retention of urine.—During proving, bowels regular, but for a month afterwards *alternate constipation and tending to diarrhoea*.

14. URINARY ORGANS.—Irritable bladder.—Violent stitches in urethra in morning.—Passes a great quantity of clear urine which makes him feel very weak.

15. MALE SEXUAL ORGANS.—Pain and tenderness in testes.—Pain (drawing) and retraction in spermatic cord.

16. FEMALE SEXUAL ORGANS.—During menses: *hysterical or epileptic spasms*; increase of mental symptoms; "*shivers*."—Menses suppressed by cold; *motions*; *fevers*.—*Menses irregular, sometimes copious, sometimes suppressed, sometimes scanty*.—Menstrual troubles < DURING FLOW.

17. RESPIRATORY ORGANS.—Dry spot in throat causing cough.—Hoarseness, < evening.—Short, dry, hacking cough, night and day.

18. CHEST.—*Pains about r. chest < from motion, extorting cries*.—Severe pain l. chest below 5th or 6th rib; < bending forward.—*Acute pain in r. lung from apex to base, 2 inches to r. of sternum < inspiration*.—Cold sweat and lancinating pain in cartilages of l. free ribs, < deep inspiration.—INFRA-MAMMARY PAIN < L. SIDE.—Cold chills and pricking in mammae.—[Bleeding or purulent discharge from r. nipple in non-pregnant women. (Relieved.—J. H. C.)]

19. HEART.—A feeling in the region of the heart as if the heart were sore and as if it were enlarged (Kent.).—*Sensation as if the heart had stopped*.—*Catching pain in l. side, in heart region*; comes on bending forward, sometimes when sitting still at dinner and after dinner.

20. NECK AND BACK.—Cramp in muscles of neck on moving head, first l. then r. side.—Pain under l. scapula.—In morning on bending head forward, *severe drawing at point of spinous processes of three first dorsal vertebrae*.—Same tired feeling in back, extending from region of kidneys to sacrum, > rest < motion.—*Weight and pain in lumbar and sacral regions*, sometimes extending round body.—Weak, trembling pain in small of back.

21. LIMBS.—Twitching in fingers and toes.—In morning joints stiff on motion.—Pain in r. arm, elbow, wrist and knee extending to ankle.

22. UPPER LIMBS.—Severe cramping, numbing pains beginning in shoulder, going down arm and then affecting forearm.—Dull pain in r. arm, deep in muscles from shoulder to wrist.—Laming, aching in l. elbow-joint anteriorly.—Lameness of l. wrist.—Excruciating pains in the arms < as evening approaches.

23. LOWER LIMBS.—Fearful pains through lower limbs like growing pains.—Constriction of l. sartorius muscle.—Lame, numb, cramping sensation in legs, more severe in upper part of thigh, about hip-joint and inguinal region.—Lameness in r. leg < bending forward; soreness and stiffness moved forward to inside of ankle.—While walking out of doors, soreness, aching and stiffness in region of tendo Achilles, < walking.—Sharp, wandering pains in l. ankle and scapula.—Excruciating pain in l. external malleolus and l. forearm.—Feeling in foot as if it had been compressed.—Stinging in l. great toe for few moments on lower surface, later upper, afternoon.

24. GENERALITIES.—*Choreic jerks of muscles, from motion; becoming chilled; pressure; MUSCLES OF SIDE LAIN ON JERK*.

25. SKIN.—Small red papillæ, becoming a diffused redness.—Pimples on backs of hands.—Itching and redness of backs of hands.—Prickling, itching heat of whole surface.

26. SLEEP.—Very sleepy in afternoon.—Drowsiness with creeping chills upon the back, during evening, followed by frequent wakings during the night with flushes of heat and desire to throw off bed clothes, although the thermometer was below zero.—*Unpleasant dream of being in a sad plight*.

27. FEVER.—Surface of body with that of face, with that of hands, become cool and dry.—Chilliness: forenoon; afternoon; with cold hands and feet; before rising.—General, internal, nervous chilly feeling over, but less over the back.—Cold chills with prickling sensations in (female) breasts.—Chilliness down the back with pain under l. scapula.—Feet and hands cold, then hot.—Soon after waking, 3 a. m., while surface became cold: slight, cold perspiration, and sometimes as if it would become profuse, continuing for one h. accompanied by lancinating pain along cartilages of l. free ribs < deep inspiration.—Chills, then heat, then sweat, alternating with dryness of skin, 5 p. m.—Chills, cold tremors from the back; hot flushes, then slight sweat on abdomen.—Heat in front part of head.—Heat in l. side of face, even lassitude all over.—Increased heat of face; slight inclination to sweat.—Flushes of heat in cheeks.—Heat, pain and weariness in kidney region.—Night sweats, diarrhoea.—Sweat smells offensive.—Cold sweat on hands and feet.

ACTEA SPICATA (ACT. S.).

CLINICAL.—Heart, affections of. Kidneys, affections of. Renal calculus.

CHARACTERISTICS.—*Act. s.* was proved by Petroz and Lemerrier in France, and Macfarlan, of Philadelphia. In addition to the rheumatic symptoms there is much debility with this remedy, both mental and bodily. There is weakness from talking; < from exertion of mind; from mental anxiety; from fright. With great desire for work, there is incapacity for it. Among curious mental symptoms are "self-deception" and "self-satisfaction." There is dejection, melancholy and apprehension. Heart, liver and kidneys are definitely affected, and there are concomitant symptoms of abdomen and hip in connection with respiration. The stomach symptoms are very severe, and have led to the successful use of *Act. r.* in cases of cancer of the stomach. Among peculiar symptoms are: "Objects seem colored blue." "Urging sensation at heart towards abdomen and region of liver." "Cheek he lies on sweats." "Shuddering after drinking." "Throbbing after drinking." "Throbbing in kidney region." "Sensation of fermentation of the blood." Symptoms are < in open air (giddiness); < walking; < blowing nose and sneezing (twitching in ears); < stooping (head feels empty); < side lain on; < lying on side (bruised pain in sacrum); < speaking; < breathing (abdominal pains); < breathing cold air; > stretching lower limbs (pains in them). Symptoms return periodically.

RELATIONS.—Effects of fright; sweat on covered parts; rheumatism, Aco. Apprehension, Ag. n. Shuddering on drinking, Caps. Throbbing in kidney region, Berb. (bubbling.)

SYMPTOMS.

1. **MIND.**—Weak memory.—Occasional absence of mind.—Judgment perplexed.—Bewildering fits, almost to the degree of insanity.—Self-deception.—Great desire for work though incapable of it.—Indisposed to close thinking.—Self-satisfaction.—Mental enjoyment while exercising.—Sad, lamenting and sighing.—Dejection, melancholy, hopelessness, inclination to weep.—Constant apprehension.—Anxious solicitude when quiet.—Anxiety with urging in the heart.—Distaste of life.—Desperation about the success of every, even the most trifling undertaking.—Irresolution, inconsistency and caprice.—Obstinacy and anger.—Impatient and restless.

2. **HEAD.**—Giddiness and reclining in open air; vertigo with darkness before the eyes.—Pressure in vertex.—Hammering pain in occiput.—Pain which seems seated in periosteum and even in bones of skull.—Tearing and dullness in forehead.—Racking in vertex, extending to eyebrows, causing despair.

3. **EYES.**—Ecchymosis of conjunctiva.—Catarrhal inflammation of the eyes.—Flow of burning tears.—Spots before eyes when looking steadily.

4. **EARS.**—The ear is sore to touch.—Mur-

muring in ears after sleeping; < from mental anxiety.

5. **NOSE.**—Bruised pain in nose.—Nasal mucus tinged with blood.—Nose-bleed during oppression of the chest.

7. **TEETH.**—Pulling, tearing from decayed teeth to temple, < from slightest touch or movement of the muscles.

9. **THROAT.**—Tearing pains in throat < breathing cold morning or evening air.

10. **APPETITE.**—Hunger with aversion to food.—Sharp appetite in the morning.—< from salt meat; beer; smoking tobacco.—After a meal: uneasiness; lassitude.—After drinking, shuddering.

11. **STOMACH.**—Painful pressure in pit of stomach.—Cramp in stomach.

12. **ABDOMEN.**—Drawing in epigastric region.—Beatings and throbbings in r. hypochondrium.—R. hypochondrium sensitive to pressure.—L. hypochondrium becomes almost insensible.—Spasmodic contractions of the bowels.—Feeling of compression in abdomen.—Pain in abdomen before menses; or before diarrhoea.—Abdomen sensitive.

13. **STOOL AND ANUS.**—Pappy stool.—Copious evacuations of wind.—No stool.—Constipation from lack of bile.

14. **URINARY ORGANS.**—Frequent urging and painful micturition.

17. **RESPIRATORY ORGANS.**—Breathing seems difficult on account of weakness, esp. when expiring air.—*Difficult breathing with painful shock in abdomen at each inspiration.*—*Difficult breathing with pain in stomach.*

20. **NECK AND BACK.**—Throbbing sensation in region of kidneys.—Bruised pain in sacral region when lying on side.

21. **LIMBS.**—Swelling of joints after slight fatigue.—Small joints swell after walking.

22. **UPPER LIMBS.**—Fingers are numb and cold; they are discolored.

23. **LOWER LIMBS.**—Swelling of lower limbs.—Boring pain in lower limbs > by stretching them.—Weakness of lower limbs after changes of temperature.—Trembling in thighs when lifting them.—Sensation of great weariness in knees.

24. **GENERALITIES.**—Lassitude after eating.—Sudden lassitude without apparent cause.—Debility from walking in open air.—Easily tired by much talking.—Fermentation of the blood.—Active congestions.—Pains in general tearing, drawing.

25. **SKIN.**—Pimples on scalp.

27. **FEVER.**—Viscid sweat.—Cold sweat and malaise; after slightest exertion of mind or body in nervous people.

ADRENALINUM MURIATICUM (ADR. M.)

(An alcoholic extract of supra-renal bodies. A trituration of the supra-renal bodies themselves.) A crystalline extract of supra-renal bodies

having the formula $C_3H_3A_2O_3$, of which solutions are made principally in the form of the chloride. *Dose*: medium and higher potencies.

CLINICAL.—Addison's disease. Anæmia. Aortitis. Arterio-sclerosis. Cancer. Debility. Exophthalmos. Glycosuria. Hæmorrhages. High-tension. Pneumogastric nerve, paralysis of. Skin, bronzing of. Tachycardia.

CHARACTERISTICS.—The symptoms of Addison's disease have given the chief clue to the uses of *Adr.*: Bronzing of skin. Loss of strength. Wasting. Rapid pulse. Dyspnoea. In animals, intra-peritoneal injections have caused glycosuria; other experiments have caused atheroma of arteries.

A proving by students of New York Homeopathic Medical College (*Chironian*, May, 1905), conducted by R. V. L. Getman, M. D., on college students with potencies from 9th to 30th centesimal, brings out some symptoms which await clinical confirmation. "Flushes of heat over head and face" suggest the action of the drug on the circulation. A headache > by opening the eyes wide, and > walking in the open air, is peculiar. > by pressure is another well marked modality. "Strained feeling in eyes" suggests exophthalmos. P. Jousset (quoted *Am. Physician*, April, 1905) gave the 6x in solution of the hydrochloride in a case of extreme chlorosis, profound asthenia, menses absent, anorexia and dyspepsia, only liquids tolerated, obstinate constipation, depression, nervousness. *Adr. m.* 6x, gr. iv, every fourth day. In three months there was great improvement. The dose was now repeated daily. The improvement was now most rapid. The menses returned after having been absent several years and became regular and strength returned. Jousset had also success in a case of hemophilia and in one of arterio-sclerosis with frequent angina attacks, which latter disappeared entirely under the remedy. Two cases of chronic aortitis were also greatly benefited. B. F. Bailly (*Hahn. Monthly*, 1904) reports great success with *Adr.* extract, 2x trituration, in cases of glycosuria. Fressinger (quote *L'Art Médical*, December, 1903) reports great success in the treatment of recurrence of cancer of uterus and breast after operation with *Adr. m.* 1/1000 gtt. v-x on rising. Fressinger alternated this treatment in periods of five days with four grain doses of chlorohydrate of quinine. D. A. Mac-lachlan summarizes (*H. Eye, Ear and Throat J.*, May, 1903) the action of *Adr. m.* chiefly from the eye surgeon's point of view. He also gives a summary of the physiological action of the drug. Symptoms taken from his article I have marked (M) in the schema.—H. C. Allen's "nosodes" gives an excellent arrangement of the symptoms, which I have utilized. Allen says of the alkaloid: "In dilute acids it possesses a marked affinity for oxygen, and when exposed to air it changes into *Oxyadrenalin*, which is

poisonous, though not possessing the properties of *Adr.* It is to this chemical change that constantly occurs in the tissues that the evanescent effect of the drug is due."—The modalities are < from mental labor; < in close room; > pressing on eyes (headache); > opening eyes wide; > in open air; > sitting straight; > lying straight.

The following localities are prominently affected: Arteries, heart, supra-renal bodies, vasomotor system.

RELATIONS.—*Compare*: Atheroma, Ars., Van. Glycosuria, Ur. n. Brain too large for skull, Aco., Bell., Glo., Sen. Paralysis of pneumogastric nerve, Bell., Ful. ac. Numbness of limbs, Aco., Sec.

SYMPTOMS.

1. MIND.—Melancholy and nervous.—Aversion to work.—Cannot concentrate thoughts.—No ambition.

2. HEAD.—Hot ache l. side, extending to r., < reading.—Dull pain all over head, sometimes r. side, sometimes l. side, but always extending to eyes, causing a feeling as though he wanted to open them wide.—Frontal headache with strained feeling in eyes, wants to open them wide, which > ; > pressure on eyes and walking in open air; > eating; < mental labor.—Headaches < afternoon and evening.—Pains from occiput to front and sides; pains at first shooting, and seem to be just under scalp, 11 a. m. to 4 p. m., > eating, > open air, < close room.—Brain feels swollen, too large for skull.

3. EYES.—Strained feeling in eyes; > pressure and rubbing.—Contracts pupil mildly (M.).

4. EARS.—Aching in ears; with headache.—Itching and tingling in ears > boring into ear with finger.

5. NOSE.—Congested feeling; gelatinous mucus drops down posterior nares.—Copious discharge in open air; nose stopped indoors.—Full feeling at root of nose.

6. FACE.—Flushes of heat over face and head.

8. MOUTH.—Bad taste on waking; mouth filled with dark brown phlegm.—Tongue coated white, red edges and tip.

9. THROAT.—Much hawking to clear throat. Gelatinous phlegm difficult to loosen.—R. side sore, red and inflamed, < by swallowing.

10. APPETITE.—Appetite increased.—Less thirst than usual.—Thirst for large quantities in evening.

11. STOMACH.—Belching after meals.—Pain in stomach passing from r. to l., coming and going suddenly.

12. ABDOMEN.—Rumbling.

13. STOOL AND ANUS.—Foul flatus.—Stool loose, semi-solid, fetid.—Sudden spluttering diarrhoea with burning in anus.

14. URINE.—Strong odor, hot, scalding, profuse, pale, colorless, burning before and during passage.—Sodium oxylate crystals and sodium

urate.—Sudden urgent desire.—Hæmaturia with severe pain in the renal region (cured).

15. MALE SEXUAL ORGANS.—Increased desire without erections.—Erections; lascivious dreams all night causing waking; in morning emissions without bad effects.

16. FEMALE SEXUAL ORGANS.—Amenorrhœa with anæmia (Jousset).

17. RESPIRATORY ORGANS.—Expectoration of gelatinous mucous that is hard to detach.—(Increase of respiratory movements soon followed by suffocation and death from paralysis of medulla and vagus nerve.—Crude effects.)

19. HEART.—Force of systole is increased (M.).—Blood pressure raised from arterial contraction (M.).

20. BACK.—Pain, esp. l. side; > sitting straight or lying straight.

21. LIMBS.—Arms and legs go to sleep easily. Tired ache in arms and legs.

22. UPPER LIMBS.—Rheumatic pain in l. elbow and little finger on waking. Painful swelling in r. index finger resulting in felon.

23. LOWER LIMBS.—Numbness of l. foot, leg and buttocks, extending to r. lower extremity.—Numbness and tingling from below upwards.—Aching in lower limbs on awaking.—Severe cramp r. heel, then the same l. heel, followed by stomach ache.—Ankles weak and tired.—Corns on toes.

24. GENERALITIES.—Blanching of hyperæmic mucous membrane, periosteum or skin (M.).—Profound anæmia (Jousset).—(Hæmorrhages cured by local action.)

26.—SLEEP.—Great sleepiness; in evening and after a good night's sleep.—Sleepy 3-6 p. m.

27. FEVER.—Flushes of heat over head and face.—Pulse retarded (M.).

HOMŒOPATHIC REMEDIES IN DISEASES OF THE EYE.

HERBERT DANA SCHENCK, B. S., M. D., O. ET A. CHIR., F. A. C. S.

WHILE homœopathic remedies have been known to the specialist as of distinct value in diseases of the eye, many members of our branch of the profession fail to appreciate or use this valuable adjunct in their practice.

When the New York Ophthalmic Hospital came into the hands of the homœopathic school in 1868, the surgeons who took up the work there, headed by the late Timothy Field Allen, searched homœopathic literature for cases of diseases of the eye which had been cured by our remedies. The results were very meager. Either the diagnosis was obscure, the alleged cure doubtful, or the symptoms too vague for an opinion to be formed of the real nature of the malady. These surgeons, however, soon began to build up a clinical record. The patient was examined with two distinct objects in view,

first, to make a thorough diagnosis; second, to obtain symptoms, local and general, which would indicate the remedy. Dr. Allen says that he spent a large part of an afternoon at times on a single case, and followed this up by pouring over the *materia medica* a large part of the night to find his remedy.

This enthusiasm for accurate homœopathic prescribing has been imbibed by a large part of the students who have attended the clinics in this hospital, and it has been the rule with a large part of the staff to think in terms of the remedy for their cases rather than to figure out to a nicety the diagnosis and exclusive local treatment.

To think in terms of the remedy ought to be a mark of distinction between a homœopathic physician and his old school brother. While the diagnosis is important and, at times, aids in differentiating the drug, the point of extreme importance to both the patient and the physician is what will cure. This laying of stress upon the naming of the disease and making that the starting point for the cure must result in failure in a large number of cases, particularly where the selection of a remedy is going to be made by means of the Law of Similars. It is carrying the diagnosis far to a most unfortunate length, when, in a number of States, like New York, the law ignores therapeutics and says that a knowledge of *materia medica* is a specialty which the medical student must master after he leaves medical college. That diagnosis should be held to be so much more important than treatment is so fallacious that it would seem to me that a mere statement would condemn it in the minds of all right-thinking men. The Board of Regents in New York State, about seven years ago, took this stand and had influence enough with the Legislature to pass a medical law in this shape. This centers the attention upon a point that's of secondary importance in selecting our remedies and of minor importance to the patient who is not so much interested in what he has as how he can get rid of it. To know that you have an iritis will give you a clue to a group of remedies which may be required in any case, but you may find that the conditions of the individual are such that his remedy will be found far outside the general line of remedies usually prescribed in iritis.

It may be useful in certain cases to have in mind the brilliant pathological generalization that Gelsemium is useful in intra-ocular inflammations characterized by serous exudation; or that Rhus tox. is good for suppurative, intra-ocular and orbital inflammations; and Bryonia for plastic exudations; with Aconitum uncinatum for ciliary and peri-orbital neuralgia. The therapist who is contented to prescribe upon such generalities as these, however, will have many failures. Pilocarpin may be required instead of the Gelsemium; Silicea in place of the

Rhus; Phytolacca, in place of Bryonia and Spigelia instead of the Aconite. The decision must be accurate and prompt in diseases of the eye; probably more than anywhere else delay is dangerous. We can only decide by a close study of the symptoms and individualization of the case.

The condition of a diseased eye is important in selecting the remedy, but as eye diseases are often the expression of a general cachexia, the remedy can only be found by a close examination of the whole individual. "In the beginning the surgeons at the hospital were not handicapped by any prejudice in favor or against any drug because of their diagnosis, and we were perfectly ready to prescribe any drug in the *materia medica* from A to Z for any form of disease. While it has been found that but few drugs are appropriate for certain pathological states, new remedies may be found indicated and any case may require a drug hitherto unused for its cure."

The work on ophthalmic therapeutics which was gradually compiled by Dr. Allen and others and finally published as *Allen's and Norton's Ophthalmic Therapeutics* has really gone through five editions, the last being published in 1903, contains symptomatology of 148 drugs; *Boyle's Therapeutics of the Eye*, published in 1896, contains 198.

Many cures have been cited by Drs. Allen and Norton in their therapeutics, and the earlier *Transactions of the Institute* and our journals contain valuable reports of the use of homœopathic remedies in eye conditions.

Recently one of the practitioners in Brooklyn consulted me concerning a case he had a few months ago confined where there was much albuminuria with anasarca preceding the confinement. Dimness of vision developed soon after the baby was born and the case, as related to me, was so clean-cut for a Phos. that this was suggested and made a very brilliant cure. I recently saw the case and found that the vision, at the present time, was nearly perfect, and that there were few evidences of the hæmorrhages which had dotted the retina in the vicinity of the macula and optic disk. Phos., for many retinal conditions, is extremely valuable, preventing degeneration and blindness in many cases.

Jaborandi is a remedy that is probably too little used in asthenopic conditions dependent upon irritable weakness of the ciliary muscle; those cases where the vision is constantly changing and the patient sees at one moment at a foot, and at another at three feet. It has relieved a case of irritability of the ciliary muscle with nausea and vertigo, which was always brought on by looking at objects. It may help in a limited way in weakness of the internal recti.

Conium is another remedy too often missed in cases of muscular weakness and inability to

use the eyes. Besides the fatigue, there is usually hyperæsthesia with great photophobia, the lids are heavy with indistinctness of vision and some smarting and itching. Occasionally there is diplopia. Conium may also relieve the inflammatory conditions, where hyperæsthesia is the principal symptom without much redness or other signs of inflammation. The Rhus tox. patient has more inflammatory conditions with the intense photophobia, a suppurative instead of a watery mucous discharge.

Natrum mur. and Ruta grav. are two other remedies in muscular weakness. In the former you have a sensation of dryness in the eyes with a feeling as of a foreign body, with burning and inability to look long at any object. Objects are confused and letters blurred. This makes the remedy particularly useful in muscular defects, where there is drawing and a stiff sensation in the muscles with smarting after use, and sometimes with morning headaches. Natrum will sometimes help in clearing up cases where strengthening the muscles or prisms has not wholly cured the condition. In Ruta the eyes burn excessively, feeling as if they were on fire, with aching after use in accommodation; the eyes feel fatigued and the vision seems weak, as if the eyes had been excessively strained. When you have the symptoms of heat, aching and blurring with a weak ciliary muscle, Ruta will usually help materially in curing the case where the proper prescription of glasses and the correction of the muscular trouble does not speedily relieve.

Some years ago, a woman, who was 64 years of age, came into my office, whose glasses had been fitted fourteen months before, correcting her hyperopia and a hyperopic astigmatism as well as presbyopia. She had no trouble with her eyes from that time until January 10/10, when she complained of diplopia which had followed a headache on January 9th. Between November, 1909, and January, 1910, she had a severe attack of shingles. There was left hyperopia of 8 degrees (Stevens & Maddox) and esophoria of 2 degrees. The patient was in good general condition. Prescribed Aurum met. 6, one pellet every 2 hours.

By January 13th the left hypertropia had increased to 13° Stevens, 20° Maddox, and the esophoria to 4°. By January 18th the left hypertropia was 24° Maddox and 12° Stevens, no complaints except from diplopia, objects being higher on one side than other.

Prescribed Kali iod. 1x, 2 gr., 4 days.

This was continued until January 27th without material change in the hyperopia. Prisms of 9° base down and 10° base up were tried, but did not relieve the diplopia and were never worn.

Prescribed Senega 3x, one pellet every 3 hours.

This was continued until February 19th, with

constant improvement in the hypertropia, which by February 19th was reduced to 6° Stevens, but still remained 20° Maddox. The patient did not at this have to carry the head on one side to relieve the diplopia as she had before.

On March 2/10 had diplopia only when turning the head to one side (30° to the left or 30° up or down). By March 6th all diplopia was gone and there has been no return of it since.

The symptoms on which Senega was prescribed:

"When walking toward the setting sun and looking down, he saw an oval smaller sun hovering below the other relieved by bending backward and closing the eyes." Allied Caust. and Phos.

About a year ago at one of our county society meetings in Brooklyn, Dr. Ralph I. Lloyd reported the following brilliant result from the use of Kali bich.:

J. J., aged 44, complains of sudden loss of vision of the one useful eye. The left has been blind for years. Twelve years ago, and three years ago, has had similar attacks. Has never had pain except in the original attack.

The left eye is very soft, there is moderate circumciliary injection, pupil is occluded and secloded, and iris bulging.

The right is a trifle softer than normal, moderate circumciliary injection, pupil margin apparently adherent everywhere. Atropin does not show a single spot where the chambers can communicate, but there must be communications somehow, perhaps numerous microscopic channels between the adhesions.

There are a number of small specks on the posterior surface of the cornea. A.o.d. 10/200 without glasses, 15/200 with — 3.75 s.o.s. Can differentiate light and darkness.

No evidence nor history of gonorrhoeal or syphilitic infection. Has had considerable muscular rheumatism and joint stiffness, but no acute inflammatory symptoms. Urine, sp. gr. 1014; albumin present.

Atropin, 1 per cent., one drop to be instilled in right eye three times a day, was ordered; to demonstrate the adhesions and prevent more if possible. It had no perceptible effect upon the pupil. Because of the absence of pain and having faith in the efficiency of Kali bichromicum in such cases it was given in the 2x tablet triturates every two hours.

A week later, vision with glasses was 15/70. Two weeks later, vision with glass was 15/40. Six weeks later, 15/30—one letter. Twelve weeks later, 15/20—3 letters. In spite of prompt improvement, an iridectomy was recommended for the right eye and removal of the left. He declined all operative interference and when last seen still held up to the last report.

Should this patient return for treatment today the first thing recommended would be a Wasser-

mann; if negative, a test for gonorrhoeal infection. While such a report as to possible causative influence as given above was permissible a few years ago, nowadays none of us would be satisfied to make a diagnosis of "Quiet Iritis" without investigating the cause by laboratory examinations. So this little report, besides showing the efficiency of Kali bichromicum in this type of case, also shows that our methods of investigation have improved even in the last few years. Also we have not done our full duty unless the cause is earnestly sought for.

Paris quadrifolia in eye conditions. To show the value of one symptom prescribing at times I will give personal verification of the symptom of this remedy—"Pulling a string from the eyes to the occiput." During a nervous breakdown a year and a half ago the most persistent symptoms were pulsating from head to foot; persistent nausea and vomiting; as general symptoms and special eye symptoms, of inability to focus the left eye on print or nearby objects without pain more or less intense, and the sensation as though the occiput was trying to pull the eye back into a deep-seated telescope position. This continued for about six weeks when Dr. Blackman brought me some tablets to take every two hours. Sometime afterwards Dr. Warner telephoned asking how the eye was. When I told him the sensation was relieved in 48 hours he replied, "So the Paris quadrifolia worked." That was my introduction to a very good friend.

2. Hepar sulph. in ptyalism. The cause in the case in which this symptom was persistent was the continued use of anti-bilious pills, which evidently caused Mercurial poisoning. The water ran from the mouth for, at least, a month, when I gave him some Hepar and in three or four days it had practically stopped. The patient said he noticed a decided change within the first 24 hours after taking the remedy.

In only a few diseases of the eye, and they are intra-ocular, are our allopathic brothers using treatment on any other basis than that they represent a purely local disease. In Wood's Ocular Therapeutics, a work that has compiled the best suggestions of the oculists of the world for the non-operative treatment of diseases of the eye, in the treatment recommended for conjunctival inflammations, corneal ulcerations, scleral diseases and even iritis and uveitis, few of the compilations contain any mention of any measures except local applications, cauterization and the sub-conjunctival injection of various substances. A few mention very incidentally the use of Arsenicals, Iodides, Mercurials, purges, cod liver oil, etc., as possibly of use, but depend upon the various local applications as their sheet anchors.

With our Apis, Arsen., Calcareas, Mercurials, our Rhus, Sulph., etc., we can greatly aid the purely surgical measures of cleanliness and antisepsis, etc.

Every homœopathic oculist has seen Rhus stay a post-operative suppuration, which threatened the whole eyeball, check panophthalmitis and relieve corneal ulceration with satisfaction. His homœopathic remedies have checked iritis, choroiditis, scleritis and other destructive inflammations, saving useful vision.

The writer made the following statement before the American Institute in 1904, which, it seems to him, sums up the conditions very well:

"Since I began practicing, I have constantly depended upon my drugs to aid me in the treatment of my patients. Perhaps I do not depend on the drugs alone, but I do feel they are of the greatest importance in many eye conditions, and I would be greatly handicapped if I did not have their aid. This is particularly the case in intra-ocular diseases; *i. e.*, iritis, choroiditis and the various conditions of the retina and the optic nerve. Here the homœopathic specialist has everything to give his patient, while his allopathic confrere has to depend only on general lines of treatment of a dietetic and hygienic nature."

To summarize, we have demonstrated:

First.—That remedies administered according to the law of similars have positive and curative effects in the most destructive of eye diseases.

Second.—That the homœopathic oculist is surely one who can be pointed out as exemplifying the definition of a homœopathic physician carried by the transactions of the American Institute.

Third.—That his homœopathic remedy gives the homœopathic oculist a great advantage over his old school colleague, saves his patients from the knife many times and he is himself rescued from being "cast upon the rocks of materialism." "In his remedy he has a means of steering clear of these dangers and of taking his patient into the haven of safety and convalescence."

APPLIED HOMŒOPATHIC THERAPEUTICS — NUX VOMICA.

BY DR. CLYDE B. STOFFER, UNIVERSITY HEALTH SERVICE, ANN ARBOR, MICH.

WHEN we come to discuss such a drug as Nux vomica, every physician of every cult, whatever it may be, must acknowledge the majesty of such a kingly drug. It has a long train of symptoms and many physicians who don't know what to give turn with gracious hearts and give Nux, thinking there might be a ray of hope or cure in this drug. A homœopathic physician would no more think of equipping his medicine case and leave out Nux in some potency than a surgeon would leave out needles from his case were he called to suture a wound. Every physician here could give verifications without number of this drug. It is so useful and efficacious that it is prescribed in all

potencies, from the mother tincture to the many m.s. We all know, when indicated, it acts, it matters not in what potency it be given. There is scarcely a tissue in the human body but that is responsive to the action of this drug. Of all drugs, probably this one is used oftener by the beginners of the practice of medicine than any other. The kingliness of this drug is debased when put in combination with others and dispensed as "Combination Tablets;"—the drug is then neither master nor slave. Naïve it and it is surely not a homœopathic medicant per se. So useful was this drug that it was known as early as 1540 A. D. A remarkably accurate description was given of it in that year by one V. Cordus Farrington, says, "The fruit of the tree is about the size of an orange and contains a bitter, gelatinous pulp." This pulp, it is said, is eaten by some birds of India, although it is well known to contain strychnia. The Nux itself is the seed deprived of the pulp and shell. This seed is disk shaped, and about one-inch in diameter, and one-fourth inch in thickness. Its surface is satiny by reason of a thick covering of depressed radiating hairs. Strychnia has a well described symptomatology, being a poison not uncommonly used for suicidal and homicidal purposes and also for the extermination of the lower animals, cats, rats, etc. The smallest fatal dose of Nux vomica is said to be three grains; that of Strychnia, one-half grain. Nux, while not having so wide a range of action as Mercurius and possibly other remedies, is, nevertheless, more often prescribed than any other drug, because the ailments are such as are commonly met with in practice. This is very largely due to the fact that Nux is more often indicated for indigestion and various consequences arising from errors in diet and digestive habits than any other remedy, and is often required by certain persons who are so engrossed in business that they pay little attention to their physical requirements. Nux is best adapted to rather thin, spare patients. It does not seem to act so well on the flesh. Generally, you will find it indicated in patients who suffer from strain on the mind, particularly if this over-taxing of the mental powers is intensified by sedentary habits. It is good for those who deprive themselves of sleep and exercise in pursuance of their studies, in individuals who have headaches and who are tired in the mornings when they awake. These patients will have a bitter taste in the mouth, tongue coated and symptoms that point to a wearing out of the system from over-work. Now the stomach is in great distress. The trouble begins with a headache either in the occiput or over one eye, usually the left one, begins in the morning and increases until night, accompanied with a sour taste in the mouth, flatus and retching. Bowels are constipated, which is shown as an ineffectual urging to stool. This is not due to atony of the rectum, but to ir-

regular, fitful action. Gastralgia is made worse from eating, sometimes made worse when the stomach is empty. Pain in epigastrium radiates in all directions. Hot water will often relieve.

Think of Nux in children who are very excitable, and men who have eaten or drunk too much. In cases of debauch, when Nux fails, Carbo veg. is a good remedy, although Sulphur may be required. In stomach troubles where there is marked aggravations an hour after eating, think of Nux. Great hunger twenty-four hours before the attack comes on,—patient craves gravies, pies, fat foods; has great thirst, but water causes distress. There is some bitter eructations.

Individuals who imbibe too freely in spirituous liquors always have a clouded mind and a feeling of "big head" the next morning. Frequently these individuals will have Nux vomica prescribed for them. When the "celebration" is over with and the next morning they will be able to pursue their usual work with little or no difficulty. They are put right on their feet.

Students will frequently eat rich foods to excess,—foods, such as pies, fat foods, gravies. On account of these foods and the sedentary habits, his stomach gives him a great deal of trouble. Symptoms characteristic of Nux vomica are presented by the patient and these rich foods, together with coffee, are removed from his diet list and, with Nux in some potency, the patient soon rallies. When there is a great deal of flatus, with an upward tendency, Carbo veg. 3x prescribed in one-half glass hot water before meals, added benefits are derived. Here one gets the benefits of the heat as well as the drug.

When there is eructation of sour, bitter fluid in the throat, known as "Water-brash," Nux is the remedy. When there is a burning sensation about the heart, known as "Heart-burn," Pulsatilla is the remedy.

Nux in hæmorrhoids is called for in cases of bleeding, with a feeling of dryness in the rectum, like little sticks or splinters were pricking the folds of the mucous membrane.

Case.—A student, son of an allopathic physician, came into the University at its opening session, a year ago, and presented symptoms of urticaria, together with hæmorrhoids. The student's father stated no relief could be obtained by the son for the hæmorrhoidal condition unless he was operated upon. Apis 30x was prescribed for the urticaria and in thirty-six hours the skin condition had cleared up and marked relief obtained from the hæmorrhoids. The student was a great user of cathartics, thinking that his bowels were not acting as they should. The catharsis greatly aggravated the hæmorrhoids and Nux 30x was prescribed. Regulating the diet and prescribing exercise, the young man rapidly improved. No operation was performed.

Nux in the eyes—the lid edges itch and burn without discharge; in ecchymoses of the sub-conjunctival coat, when blood is effused beneath the conjunctiva. These often follow debauches or sitting up late at night to study, in persons subject to dyspepsia.

Just before the final examinations, many students do a great deal of "cramming" so as to make a favorable showing in the final grading. Oftimes these students will indulge in the "midnight lunch" and neglect bodily necessities. Many of this kind have presented themselves for treatment of a sub-conjunctival hæmorrhage. The eye is "blood-shot" and he suffers great pain on continuing using it. These conditions respond to a wash of weak Boric acid solution, correcting the error in diet and giving Nux 30x four times a day.

Nux intensifies the action of Sepia. Nux acts best when given in the evening. It should not be taken in the morning if fasting or on first awakening, because its most powerful symptoms are then called out. Neither should it be taken just before or after a meal, or when the mind is on a strain.

Nux is well suited for thin, "dried up," nervous subjects. There is a stiffness and numbness of the fingers. Hands go to sleep. Holding a pencil makes little impression upon the nerve endings of the finger.

A lady school teacher, thirty-three years of age, lifted a box and strained her back. With this back condition she had a numbness of the left arm, worse at night. She would be awakened by this "sleeping" arm. She was fearful lest she should be paralyzed, since her father died as the result of paralysis. Her back was relieved when she moved about, worse in damp weather. Rhus 30x was given and relieved the back, but the arms still slept. This lady was a great eater, indulging in night suppers, using coffee to excess, feasting on rich dainties and with it all getting little exercise. Nux 30x was given; regulations in diet, prohibiting the use of coffee, regular exercise and no late eating. In a few weeks the whole case cleared up beautifully. Very seldom does she ever complain of the trouble any more and when she does Nux 30x brings a hearty response.

A student, who was putting himself through college by doing stenographic work. On account of the sedentary life he was living, lack of exercise and indiscretions in diet, he began having a numbness of the fingers of the right hand. This condition became so marked that he could not feel the presence of the pencil between his fingers. Nux 30x was prescribed, regulating the diet, insisting upon exercise, student was cured in less than two weeks.

In headaches, Nux is a valuable remedy. These often occur in conjunction with the gastric disorder. The modalities, more than the character of the exertion, decide the choice. The

aggravations are: Mental exertion, anger, open air, on awakening in the morning, after eating, abuse of spirits, sour stomach, in sunshine, from light, moving or opening the eyes, from coughing, high living or highly seasoned foods, often drugging, from constipation, in stormy weather.

Pains not definitely localized. He says, "It feels badly and aches all over."

A young man, dancing teacher, aged forty, taught his classes until late at night. After the work he would drink beer and eat a lunch. He was a great sufferer of sick, nervous headaches; pain in the frontal region over the eyes. He was a great user of coffee and cathartics. By eliminating the coffee and the midnight lunches and prescribing a few doses of Nux 30x he suffered no more.

One of the strong indications for the use of Nux is when the patient says: "If I could only vomit I would feel better."

Many excellent results are recorded with the use of Carbo veg. with Nux. Used as prescribed above. Graphites 12x is also used with Nux. The Nux to be given before meals, say an hour, and the Graphites an hour after meals.

THE MEDICAL TREATMENT OF PYLORIC STENOSIS.

JOSEPH PETTEE COBB, M. D.

Prof of Pædiatrics, Hahnemann Medical College, Chicago.

IN this age when surgeons are reporting successful results in ten, twenty and thirty consecutive cases of hypertrophic pyloric stenosis, it requires some courage for a medical man to retain charge of a case of pyloric stenosis, to discuss medical treatment or even to compare methods of treatment.

Judging from the number of cases of stenosis reported in the last two years, there must have been grouped under this title a great many cases of partial pyloric obstruction, spasm of the pyloric end of the stomach and probably some cases of acute inanition, due to faulty feeding or to poor prenatal nutrition. There is always the tendency to include in our list of any disease which has excited special interest all suspected cases; for this reason recent statistics should be scanned with some incredulity.

It is interesting to note that the published mortality rate has been decreasing; this must be in part due to early recognition and so to earlier operation and, in part, to more intelligent medical treatment based on a more accurate understanding of the stomach's part in digestion.

The tendency of the surgeon is to operate on every case as soon as observed; fewer cases come to him moribund or developing acute inanition because diagnoses are more promptly made; more mildly obstructive cases in fairly

healthy subjects are referred to him; these reasons, together with continual improvement in operative technique, must yield better results for the surgeon.

Recognizing these conditions, it is easy to understand the surgeon's invariable advice to the internist who proposes to institute medical treatment for any individual case. "Don't wait, Doctor, until it is too late." This is the added responsibility which the internist must be prepared to assume, which he inevitably does assume when he retains charge of any individual case and which he should not assume unless he has a definite line of treatment to institute and is willing to watch his case closely enough to know all of the time whether he is gaining or losing ground.

On the other hand, an early recognition of the conditions and a definite understanding of what must be done, viz., to sustain life until relief can be expected, are of equal advantage when we decide to postpone surgical measures.

In very few cases is the stenosis absolute; spasm usually plays a part; every day that the baby gains a fraction of an ounce in weight improves his chances; every day he lives without losing weight his chances improve, for each day's development of the stomach tends to mitigate the stenosis. It may be by lessening the intensity and frequency of the spasms, by stretching the hypertrophied muscle band or by actual reduction of redundant tissue by absorption. In the cases that progress favorably probably all of these factors give important help.

Diagnosis.—Dr. Holt's division into mild and severe cases rather than into spasmodic and hypertrophic conditions seems to me very rational; both conditions are usually present, one predominating in one case and the other condition in another. Vomiting is usually the first, as it is the most constant and the most persistent symptom; it is not usually forcible or expulsive at first; it may be abrupt in its onset or gradually becomes expulsive in an infant who has had the habit of vomiting frequently and easily; the expulsive type of vomiting does not usually occur in the first week of life, but after two or three or more weeks of normal habits. The majority of cases seem to occur in breast fed babies who have presented no abnormal symptoms during the first two or three weeks of life; my own observation in a limited number of cases has, however, been the reverse.

In two severe cases, one a girl now six years old, vomiting began early during the first week as soon as she began to be fed (she was not nursed at all) and became expulsive by the end of the second week, when an operation was decided upon by two eminent physicians, a pædiatrist and a surgeon; with the help of a wet nurse she became a normal baby in about two months and in six months had attained the average development. Another baby, a boy, who

was artificially fed from birth and vomited from the beginning whenever he was given more than two drachms of fluid, also made his best gains when he received a part of his nourishment from a wet nurse.

The characteristic vomiting is not a regurgitation, is not a frequent vomiting of a small amount, is not accompanied by pain or fever. It is forcible, it empties the stomach, it occurs immediately after nursing or even during nursing; when occurring at longer intervals after two or more nursings have occurred it exceeds in amount what has been taken at the last feeding.

Coincident with the appearance of the vomiting the characteristic gastric peristaltic waves can be observed and is really the most diagnostic symptom.

It will not be seen, however, unless looked for immediately after feeding and before the stomach has emptied itself; if carefully watched the whole outline of the stomach can be made out and the success of the stomach in crowding anything through the pylorus can be determined.

Much has been said about a palpable tumor at the pylorus; but to me it is of doubtful diagnostic value; it is present in every hypertrophic case, but you cannot be sure of finding it; moreover, you can often find something that feels like it in cases that do not prove to have stenosis—when found it has diagnostic value, but when not found no diagnostic weight should be attached to the apparent absence.

Various confirmatory aids to diagnosis have been exploited; *e. g.*, X-ray with bismuth feeding, aspirating the stomach two or three hours after feeding a measured amount and catheterization of the pylorus with a flexible bougie; none of these measures give positive signs and neither of them are devoid of possible harm to the infant.

The three symptoms described when confirmed are evidence enough, *viz.*, typical vomiting, distinct gastric peristaltic waves and a tumor.

Treatment.—When all cases on record are considered, the proportion of recoveries under medical care alone is just about the same as under surgical care. Surgical intervention adds new definite risks and it is imperative to decide whether it is warrantable to add new risks; whether the outcome without surgical risks is too doubtful, whether it is more dangerous not to operate than it is to operate at once.

In determining this question we should consider, first, how long has the stenosis existed; second, how complete is it, or are there any evidences that some food is getting through into the duodenum; third, how much body loss has there been and how much resistance is there left or what are the prospects that life can be maintained until the pathological condition can be modified.

The internist must bear in mind that acute in-

anition may develop suddenly at any time and the younger the child the more liable is this to happen; that a marantic condition may gradually develop and progress to the point that the child cannot be made to rally; that sudden death similar to shock from no assignable cause may occur at any time; that there is a general feeling in the profession that if these cases live without surgical aid they will suffer permanently from impaired digestion. This fear, however, is not borne out by observation.

Probably I can present the medical treatment most graphically by giving you the history of a typical case.

On September 7th, 1913, there was sent to me from Oklahoma a baby with the following history:

Boy, *æt.* seven weeks, weighing $4\frac{1}{2}$ pounds.

Family history. Parents both typically the American nervous type. Father, *æt.* 46 years. Mother, 38 years. Married eight years. First baby. Father's health good. Mother has exophthalmic goitre, but enjoyed good health while pregnant.

Personal History. Birth premature; baby weighed $5\frac{3}{4}$ pounds at birth; vomiting began as soon as he was fed, but at first not forcibly. He was not nursed at all—first six days was fed mostly upon water. Different foods had been tried without any relief; by the third week the vomiting became forcible. At seven weeks, when we first saw him, his weight was $4\frac{1}{2}$ pounds, he was emaciated, skin dry, unable to cry out, color bluish white, hands and feet cold, temperature subnormal, pulse at wrist weak and impossible to count with any certainty, though the heart's action seemed fairly good. He vomited about one-half an hour after feeding, if more than two drachms were given him; if he skipped one or two feedings then the vomiting was more profuse and forcible; the waves of gastric peristalsis were easily seen after feeding and if not present were easily provoked by palpitation; on several occasions the sudden forcible reverse peristalsis accompanied by forcible vomiting was observed.

The picture was complete, including the evidence of a pathologic lump at the pylorus and a general appearance of acute inanition.

Sept. 7, 1913. The hospital records show that our first orders were a high normal salt enema, oz. II with whiskey m.X twice daily for 20 minutes by the drop method. Hypodermoclysis normal salt solution, oz. I twice daily. Oil rub twice daily.

By mouth, whey drch. I. with Mellin's Food, grs. X, every two hours—water drch. I, with lactose, gr. V p.r.n. Arsenicum alb. 3x tab., I every 3 hours.

Sept. 10. Weight, $4\frac{1}{2}$ pounds; vomiting less frequent, but still expulsive; bowel evacuations show small amounts of yellow, well digested

ease developed in this crowded institution containing seven hundred prisoners. Today, however, the result would be regarded more as a matter of good luck rather than one of effective prevention, since now much larger doses, prophylactic and therapeutic, are considered necessary.

In private practice, each physician, as a rule, has under his care during the season but a few cases of typhoid fever and, therefore, but a limited opportunity for observing the effect of any treatment. But if those who use the antitoxin will make report, we may soon have available data necessary to place this valuable measure upon the more certain basis which it merits.

The charts herewith are selected from a moderate number of cases treated during the past few years. No attempt will be made to give exhaustive details. This is a field report and includes no fine analysis, but simply the larger details, the high lights which would impress the physician in connection with the diagnosis, the indications for treatment and the results. The main fact is that the fever existed, and after injection of the antitoxin the fever declined as shown. No spectacular abortion of the fever resulted, but it is safe to assume that in distinction from cases wherein the antitoxin was not employed the course of the fever was shortened, with an absence or mitigation in proportion, of the various effects of sustained high temperature. Over and again the treatment has been given during the past four seasons and over and again the results have been obtained, with such certainty that we give it in every case and would be much surprised if it failed in effect.

A concentrated solution of dead bacteria in serum, a sero-bacterin, is employed for the direct effect of the organisms in their antitoxic sphere and indirectly by their promoting the formation of antibodies in the patient's blood. But much has likely yet to be learned concerning their method of action and when this becomes known it is probable that the size of the dose and indications for its repetition will be better understood.

The first case is of a boy twelve years of age. He was on a farm for two weeks prior to his illness, drinking water from a spring, which, on the average farm, is an active focus for infection, situated, as it usually is, low in the valley, while high on the hilltop above is the outhouse, which drains readily into and pollutes the water supply.

The temperature in this case, as is usual with children, rose rapidly. There was general aching and languor and the tongue was furred. On the fourth day a Diazzo reaction appeared in the urine and on the seventh day a positive Widal reaction was, at the bedside, observed in the blood. These symptoms and circumstances, it may be mentioned, compose the average early clinical picture in typhoid fever. In some

cases petechia appear early; more often not. With many the spleen is not palpable until later. So, historic incidents, more or less important, the foregoing symptoms, with a Diazzo reaction at the 4th or 5th day and a Widal in the 6th to 8th, together with exclusion of certain other possible conditions, form the basis for diagnosis. This mention is made of the diagnostic details for the reason that under the influence of the antitoxin many of the subsequent classic conditions are absent or much modified.

On the seventh day, in this case, with a temperature of 104, a dose of 125 million dead bacteria was given hypodermically. Within nineteen hours following, the temperature dropped to 99.3-5. The drop was sudden and symptoms similar to those of the crisis in pneumonia occurred. General weakness, a clammy sweat and a quickened pulse rate were observed. These symptoms were but moderate and subsided with little or no treatment. By the next afternoon the temperature rose to 101, three degrees less than the previous maximum. From this point it gradually subsided and eleven days later it was normal throughout the twenty-four hours. The duration of fever in this case was, including an approximated period prior to the first observation, sixteen days in all.

The next case is of an adult, a male. The symptoms were similar to those of the foregoing case. On the second day under observation a positive Diazzo was noted and on the fourth day a positive Widal. On this day, with the temperature at 103.4-5, a dose of 250 million was given. Within seventeen hours the temperature dropped to 100.2-5 and, after rising to 101, it was in another 24 hours at 100 even. The next day it arose to 102 and this maximum was maintained for three successive days, on the last day going one-fifth higher. On this day a double dose, 500 million, were injected. In 14 hours the temperature dropped to 99.2-5 and in another 12 hours it dropped to normal. Twenty-four hours later the temperature was at 101, which was on October 13. From this point it gradually went down, and eight days later was normal throughout the 24 hours, making, in all, about 21 days of fever, including an approximated period of fever before the first observation.

The next chart is of an adult male, treated recently. This patient was under treatment for another condition when the typhoid supervened, hence the latter was under observation from the first day of increased temperature.

The early symptoms were, as usual, together, with a gradually ascending temperature, a positive Diazzo reaction on the 5th day and a positive Widal on the 8th. In this case petechia appeared early and were abundant.

On the eighth day, at completion of the diagnosis and with a temperature of 104.2-5, an injection of 250 million was given. Following

"5. No specific cause of pellagra has been recognized."

The *Stomaxys calcitrans* is the common stable fly which resembles the house fly in appearance, but is armed with a blood sucking apparatus.

If the primary lesion of the disease is in the alimentary tract (and that is my contention) it would be natural to suppose that the infecting agent would be found in the excretions from the bowels. Knowing the nature and habits of the stable fly it is also natural to imagine that *Stomaxys calcitrans* might be the inoculator.

Two things are yet essential to prove our case: First, that we isolate the germ which will produce pellagra, and second, that we can find the germ on the person of the *Stomaxys calcitrans* or some other blood sucking insect. So much for the digression to say something of the etiology of the disease.

To return to my original proposition that pellagra is much more prevalent among children than at first supposed, let me say that the Thompson-McFadden Commission working in Spartanburg Co. found 43 cases in children under ten, in 282 cases, or about 16 per cent.

This establishes the fact that pellagra is quite prevalent among children which, incidentally, proves the right of this paper to appear in this bureau.

I shall not discuss the symptomatology of the disease in children further than to call attention to some difference in the symptoms which I have observed.

The skin lesion is not as pronounced in children as a rule as in adults, although there is great difference of degree even in adults.

The percentage in which the eruption appears on both hands and feet, symmetrically, is much greater than in adults. Also the number of cases in which the eruption appears only on the feet and legs is much greater. I account for this on the ground that actinic rays of the sun have free access to the bare feet and legs of the children.

The other symptoms are much like they are in adults only, as a rule, not so severe.

This leads me to say that in children the disease is more amenable to treatment than in adults. However, Homeopathy is achieving good results with all classes of cases. Our one strong point is that we have a remedy for each separate and distinct pellagrin.

I treat my pellagrous children as follows:

1. Isolation as far as possible.
2. Rest, not necessarily in bed, but always in the shade. Never allow a patient to go in the sun.
3. Diet—first two weeks, sweet milk and soda crackers, then feed according to condition of appetite and the number of actions on the bowels much as a convalescing typhoid patient.
4. Keep other parts of body well cleansed by bathing but use little water on the hands or feet that are erythematous.

Glycerine and lemon juice, equal parts, will often stop the intense burning of hands and feet. Mutton tallow melted and rubbed in is also soothing.

5. The remedies will work wonders. Sulphur with its characteristic picture is often very valuable. Nearly every case gets one or the other of the *Kalis*; in my experience *Kali muriaticum* most often.

The Mercuries are called for often, particularly *Mercurius solubilis*. I am convinced that with care and study no homœopathic physician need lose more patients with pellagra than he would lose with typhoid fever.

TYPHOID ANTITOXIN.

BY H. M. STEVENSON, M. D., BALTIMORE, MD.

TO the present we have but few reports concerning the use of typhoid antitoxin. While the prophylactic serum, the vaccine, has been used far and wide during nearly two decades and its results have been analyzed exhaustively and reported upon, employment of the therapeutic preparations has been much restricted and the literature regarding this subject is meagre. Much of the data that is available comes from the hospital wards and, as conditions there are peculiarly unfavorable (under present circumstances) to its success, the reports from that source have rather discouraged its employment.

Typhoid antitoxin, as employed at present, produces the best results when used early in the case or before the disease has progressed far. As a rule, typhoid cases come late to the hospital wards for treatment, or from surroundings which permit rapid progress in a short time. Therefore, upon these cases wherein the disease is profoundly established, the dose of antitoxin thus far employed shows little or no beneficial effect. So as most new means of treatment are, to a great extent, made known through the hospitals, and as the peculiar circumstances have been a handicap to its success in those institutions, the use of this measure has not spread as it otherwise would have done.

But it is very possible that when experience warrants the use of much larger doses, initial and subsequent, the late and otherwise difficult cases will be benefited. Diphtheria antitoxin passed through a similar experience in regard to the evolution of its dosage. We recall that during the outbreak of this disease in a penal institution of this city some years ago, the prophylactic dose given to those exposed was five hundred units, while the maximum therapeutic dose was but 1,500 units. With every injection, too, one-thirtieth grain of *Strychnia sulphate* was given for temporary support to the heart during the time when as supposed that organ was depressed by the antitoxin. It may be mentioned that in all but seven cases of the dis-

ease developed in this crowded institution containing seven hundred prisoners. Today, however, the result would be regarded more as a matter of good luck rather than one of effective prevention, since now much larger doses, prophylactic and therapeutic, are considered necessary.

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this, for three days in succession, the temperature continued to drop until 99.2-5 was reached. At that time a second dose was given, this time 500 million. For three days again the temperature showed the effects of the treatment, and again reaching 99.2-5. Following this the temperature rose to 102.2-5 and then came down by lysis, reaching normal in ten days. The duration of fever in this case was 23 days.

The last case is of a child thirteen years of age. Fever had existed for four or five days when observed and a diagnosis was made at once. A different plan was employed in this case, small doses being given at rather short intervals. Four doses of 50 million were given in all. The behavior of the temperature following each dose is shown on the chart. Each small dose appeared to bring the temperature down, but it soon rose again, until the fourth dose was given, though altogether but 200 million were administered.

In none of these cases is there a period of continued high temperature. Although the temperature in many cases rises again and requires one or more additional doses, it has always dropped after administering the antitoxin. Moreover, in all of the cases the period of fever is reduced some 10 to 14 days from an average of thirty-one days.

The remaining treatment in these cases was very simple recumbent position, liquid diet, water, 40 to 50 ounces daily for the adult, a hot sponge bath morning and evening, good ventilation and few visitors, is about all included in the orders. Of medicines, Belladonna or Bryonia at one time or another composed the list of medicines.

DON'TS IN INTERMITTENT FEVER.

BY HARRY B. BAKER, M. D., RICHMOND, VA.

DON'T BE IN TOO BIG A HURRY TO PRESCRIBE FOR YOUR CASE.

If it is a recent case and not mixed up by drugging, it may be very easy to find the indicated remedy and one dose may clear up the whole trouble. In some years a single *Gentis Epidemicus* will cover nearly all of the cases. I remember one summer in Richmond some years ago when *Natrum muriaticum* covered nearly every case.

It was hardly necessary to see the patient and take his symptoms, because if he had chills that year we knew that *Natrum muriaticum* would take care of them. Unfortunately such years are rare and I have often found malaria a very difficult trouble to prescribe for, especially the old cases that have been suppressed with heavy doses of Quinine.

Don't mix your case up.

A partially indicated remedy may change the case so that it is much more difficult to find the

similimum. If not certain as to your remedy it is better to give Placebo and wait or give a remedy like *Nux vomica* to clear up the case. I generally give it low in repeated doses, and it will generally either clear up the case itself or enable you to see the indicated remedy. In badly mixed old cases *Sepia* is one of the best remedies to use. It straightens out the case and enables you to see the indicated remedy.

Don't rely too much on off-hand prescribing.

The repertory and the *Materia Medica* are very good friends to have when wrestling with a hard case of intermittent fever. I know that it is often very inconvenient to take the time when we are busy, and we generally see these cases at their homes where our books are not at hand. Under such circumstances I take notes of the symptoms, give Placebo to keep the patient quiet, and tell them that I will send another remedy later on. This gives me a chance to look up the case, and a little time spent in this way in the beginning of a case saves lots of trouble later on. Allen's "*Therapeutics of Fevers*" is the best book that I know of to use in working out a case of intermittent, as the repertory is especially arranged for that purpose. It is a book that no homœopathic prescriber should be without.

Don't restrict your list of remedies too much.

While it is true that *Nux vomica*, *Arsenicum*, *Natrum muriaticum*, *Ipecac*, *China* and *Eupatorium perfoliatum* cover the vast majority of intermittents, any remedy in the *Materia Medica* may be called for. The symptoms alone are the guide. *Rhus toxicodendron* has cleared up a number of cases for me where the chill was preceded by a cough. I have found *Thuja* useful in cases that began in the afternoon, and the coldness first appeared in the thighs. I think that these cases all had a sycotic history. *Tuberculinum* is a remedy to think of in cases that have a tubercular history and do not respond to the apparently indicated remedy. We must always bear in mind the chronic miasm that is at the bottom of the troublesome cases of intermittent fever, hence *Sulphur*, *Psorinum*, or any of the chronic remedies may be needed. The character and history of the patient must be taken into consideration as well as the symptoms of the paroxysms. In looking back over cases that I have failed on I feel certain that the failure was generally due to my not following this rule.

Don't be satisfied with merely stopping the chills.

A patient who has had an attack of intermittent fever and been treated homœopathically should have as good and generally better health after it than he did before. If not, it shows that his proper chronic remedy has not been found and while the paroxysms have been stopped the underlying miasm has not been reached.

Don't overlook the prodrome.

Very often the symptom or symptoms which decide the selection of the remedy will be found in the prodrome. This is an important point to remember and one that is frequently overlooked.

Don't repeat your remedy too often.

If, after giving a remedy, the next paroxysm is either more severe or lighter, your remedy is acting and it is well to leave it alone. If the paroxysm is not affected you should repeat or study for a new remedy. This, of course, applies to the use of high potencies only.

MEMORIAL TO DR. HENRY R. STOUT PREPARED FOR THE MEETING OF THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION HELD AT BALTIMORE, MD., NOVEMBER 10-11-12, 1914.

BY A. LEIGHT MONROE, M. D., NECROLOGIST,
MIAMI, FLA.

HENRY RICE STOUT, born March 17, 1843, in Westfield, N. Y.

Was educated at Kenyon College, Gambier, Ohio.

Graduated from Hahnemann Medical College, Chicago, 1868.

Practiced medicine in Chicago from 1868 to 1875, when he moved to Jacksonville, Florida.

Married to Mary Eddy, of Chicago.

President of the Board of Homœopathic Medical Examiners, State of Florida.

President of Public Library Association, 1877.

First Vice-President American Institute of Homœopathy.

Ex-President of Florida Homœopathic Medical Society.

President, 1891, Southern Homœopathic Medical Association.

He was a Mason and belonged to the Seminole and Church Clubs.

Author of "Our Family Physician," published in 1870.

One of the great men, not only of our own school, but of the whole profession, has fallen. A man who embodied in himself the largest conceptions of the functions and duties of the man, the gentleman, the physician, the citizen, the genial host, the loving husband, the kind and indulgent father, and, embracing all, the consistent Christian. Dr. Stout was all of these and more. I doubt if ever in his whole life he entertained one ignoble or ungenerous impulse. We, of the South, and all the world of Homœopathy shall miss him, we of the South only knowing how much. There is little need for me to tell you of his untiring and unremitting labor for Homœopathy extending over almost a half century, but I feel that I would not do my duty, as his friend and eulogist, if I failed to touch upon his home life and work. His services and his purse were always at the command of the poor

and needy. For many years he was physician to the "Home of the Aged," in Jacksonville, and on the day of his funeral, at the same time, memorial services were held at this institution.

He was always found amongst those who worked for the advancement of his adopted city during his career of forty years in Jacksonville, holding the position of President of the Public Library Association in 1877 and other important positions at other times.

The writer was many times a guest at his home and was always deeply impressed with the beauty of his home. He was the most hospitable man I have ever known. Jacksonville is the gateway to all of the winter resorts of Florida, both on the east and west coasts, and I am sure that he has entertained more homœopathic physicians at his home than any doctor living or dead.

Two years ago he was made First Vice-President of the American Institute of Homœopathy and only his innate modesty prevented his being President the succeeding year. He told the writer that he would rather give way to a younger and more active man, considering this course for the good of the Institute. He knew, for several years, that he had a heart trouble that might carry him off at any time, but continued his work, seemingly in his normal spirits and health, carefully guarding his secret from his children to spare them worry. I could tell many anecdotes illustrating his dominant traits of character, his nobility, his charity, his keen sense of humor and his ready wit, but will only conclude by dropping a flower of love upon his grave and voicing to his professional brothers the assurance that he is happy and at rest in Paradise with his loving wife.

"DOES IT PAY?"

To the Members of the Southern Homœopathic Medical Association:

LADIES AND GENTLEMEN:—In this day of rush and hurry, when every man seems bent on outstripping his neighbor in the mad rush for wealth, honor or position, the first and crucial question which is asked concerning a business is, "Does it pay?"

In the halcyon days of yore, the doctor was not so often asked that question concerning his profession as he is today and the doctor rather prided himself on not conducting his work as a business, claiming that it was derogatory to the dignity of his profession to insist upon his pay "like a business man." But in our day, this has very largely changed and the doctor is more highly regarded as a business man than ever before and can use business methods in his work and be thought none the less of professionally. In fact it is beginning to be a reproach to a modern physician to be called a poor business man;

and this is, as it should be. The old idea that a physician must not present his bill too often and never push its collection in the courts or otherwise is another of the exploded fallacies which formerly bedecked the medical fraternity. But it has passed away along with a great deal of the "bluff and mysteries," which formerly were considered necessary in the practice of medicine, and no one is mourning their loss. It is, of course, true that our mission is the relief of pain and restoration to health of the unfortunates among us who have lost it; but what work could be more valuable or more deserving of a rich recompense, or who amongst us more deserving of compensation for his labor, than he who relieves our pains and restores our health? And I am glad to say that I believe the people generally are more awake to the value of a physician's services and the necessity of supporting him financially than ever before.

To the young man hesitating over the choice of a profession or a business career this question, "Does it pay," is a burning and a vital one. No matter how ardent he may be in his love for the work; no matter how thoroughly he may be imbued with the conviction of its grandeur and nobility; no matter how much he may be impressed with the standing and prestige he would have in the community he elected to bless with his presence and elevate by his labors; still, knowing that he must eat, wear clothes and pay "the butcher, baker, the candlestick maker;" that horses eat hay and oats and automobiles eat gasoline and oil and chew rubber and that his love and enthusiasm for his work and the nobility of it will not pay his board, buy his clothes and furnish his office and equipment, he will, if he is sensible enough to be good material for our profession, come back at you with this world old query, "Does it pay?"

He will say, "I know what you tell me is true, as far as you have gone. I know that the study of medicine and the allied sciences would be extremely interesting and congenial to me. I know that I would delight in the lectures and laboratories and clinics. I know I would be so proud when I graduated that I would have to borrow my big brother's hat. I know I would feel all the pleasure and uplift you say I will when I sit by the sick and suffering and feel their dependence upon my skill and their confidence in my ability. I know that I would feel a wonderful inspiration from the love and gratitude of those whom your science has enabled me to help. I know that though the profession carries with it no political honors or civic position, that no man in the community is more truly loved and more generally respected than the good, conscientious physician. But after all these things are said and their truth conceded, still I want to know before I enter into it and close for myself the doors to the other walks in life 'Does it

pay?'" And your answer will mean a heap to him and let us, therefore, be cautious and prudent, as well as truthful, so that in the years to come he cannot come back to you and say, "You painted this life a bed of roses and I find it a couch of thorns." Nor, on the other hand, do not make the colors too gloomy so that he will turn away discouraged and with a false and exaggerated impression of its trials and its hardships and underestimating its pleasures, its accomplishments and its emolument, be dissuaded from entering into a profession in which he might have become a shining light. Discuss the subject with him frankly and broadly so that if he enters into it he will do so in a proper spirit and with an accurate conception of what a physician's life means in its broadest and truest sense.

I think we can fairly say to him something like this, "Yes, young man, it pays. There may be other professions or businesses in which a few individuals amass larger fortunes at the expense of their weaker or less fortunate competitors; but taken on an average, the incomes of medical men are as good, if not a little better, than in any other business or profession requiring the same time for preparation and employing the same capital. However, it is in our profession, as in all other lines of endeavor, your income will be in exact proportion to the amount of energy, time and intelligence you put into it. But, unlike many other lines, your usefulness and value increase with your age far beyond the period when in other business it declines. So considered merely from the lowest standpoint, that is, of dollars and cents, I think we can fairly say it pays.

But, young man, the older you get the more clearly you will see that there are other things in life worth more than money, and it is these other things that we have our great advantage over any other walk of life. Love is a jewel beyond price, and I honestly believe a good physician is the best loved man in any community. Your friends are more devoted, your enemies less venomous, your privileges are greater, your prestige the highest of any man in your community. And are these things not pearls of great price? And if to these things, love, friendship, prestige and honor, you add a good satisfactory financial position and above all, and beyond all; glorious, noble *work that is worth the doing* do you not see that this life we lead is above all others most desirable, most honorable and most satisfactory? And there is "the kernel of the nut." No work can satisfy a true man or woman unless *it is worth the doing*. The bar-room business and the gambling hell are two of the greatest revenue producers I know and yet their wealth instead of giving pleasure and satisfaction is an embarrassment and a reproach. A man will hold up his head and say proudly, "I am a physician," because his work

is worth the doing and he feels proud of it, but no man, worthy of the name, is proud of or satisfied with a mean, trivial, worthless business, even though he makes money out of it. And so I say, young man the practice of medicine *does pay*, because it gives you a peculiar prestige, an unusual measure of the love and good will of your fellow-men; because it really provides you with a financial income above the average of any other line of endeavor requiring the same capital, time and effort; and, finally and especially because the work is noble and beyond any other walk of life is *worth the doing*. And these are the things that count. Wealth, if tainted with crime or position if secured at the price of dishonor, can never satisfy. And this life of ours, while seldom producing great fortunes, gives us all an ample income and adds to this satisfaction in the things we do that is better far than excessive wealth. And so I say, young man, look at it broadly, it "Does pay."

But not only the neophyte in things medical asks this question. The older man amongst us, when tired out after a hard day's work, reaches home only to find that no downy pillow awaits there his weary head, but that another sufferer claims his soothing presence and needs his healing touch, and possibly the patient is in poor circumstances and financial reward is out of the question and his weary body cries for rest and his tired brain protests against further effort and, as he trudges forth on his difficult mission, he asks himself the same old question, "Does it pay?" Oh, yes, my fellow-worker, it pays. If not in gold or silver, then in influence amongst his friends, in the gratitude of the sufferer for the relief you have brought, but your best and most lasting pay you will get as you return, when your heart is glowing with satisfaction over a deed accomplished that was worth the doing and it will ease your aching limbs and soothe your worn brain as nothing else can do. Yes, it always pays to do a thing *that is worth the doing*. And, again, when you are unjustly attacked and your reputation assailed, does it pay to hold your tongue and by your life and action give the lie to the venomous tales, or should you retort in the same vein? I am quite sure that in all such cases the slanderer hurts himself far worse than he hurts you and that it will always "pay" to let him talk himself out. In this connection, I feel compelled to enter my respectful disagreement with the distinguished President of the Institute in his attack on the official body of the Old School. I do not think we have anything to gain and everything to lose by such methods. I think it will pay us to adopt the same silence concerning them in our official organizations that they maintain regarding us in theirs. In other words, we should so respect ourselves that we would take it for granted that they will respect us. And I believe we would

receive it. I think such dignified silence would pay a great deal better than such open antagonism and fruitless discussion. As to resigning from their societies this would in no case be necessary if our men had shown their loyalty to our own institutions by never having joined theirs. I do not think this Association nor the Institute should take any action on this matter, but leave it to the self-respect of the individuals, and they will all find out in a short while their real rating and will voluntarily resign.

Again when the time for the meeting of your State, Sectional and National Societies rolls around and you are busy and to go away might mean considerable loss of patronage and considerable expense to you and you sit down and look at your visiting list and then figure out the probable expense and you think of the families you might lose and the consequent loss to you financially, you are again faced with the same old question "does it pay?" I am sure it does. I am convinced that the time spent in these meetings is well spent and that you are repaid in many ways for your loss of time and money. It is like a cooling breeze on a hot day for an isolated worker to feel the grasp of a sympathetic hand and to hear his beliefs and opinions spoken of with respect. It encourages him in his work and sends him home rested, cheered and enthused for the trials which await him. It helps to brush away from his eyes the cobwebs of routinism and gives him new and improved methods, ideas and implements. The papers and discussions show him many times the cause of some of his failures and he is frequently able to contribute something from his experience which helps some one else. It gives him a new sense of being part of a great organization and of helping to push forward a great and good cause and in so doing he is himself benefited. I believe that in all these ways (and I have merely skimmed the subject here) that he is amply repaid for his sacrifice of time and money. I believe that for every family lost by attending a medical meeting you will gain two, because of the undoubted effect it has on the laity. Nothing so enhances the prestige of a physician as for it to be known that he is a frequent attendant at the different medical meetings. So to make a practical application of my subject, I want here to register my firm belief that it pays us well to keep up, support and attend the Southern Homœopathic Medical Association. The very fact that we are few in numbers and widely scattered, geographically, in the South, is the very best argument for maintaining a strong, virile, aggressive organization. We need sympathy, encouragement and assistance much more than those who live in communities where our school is stronger and more numerous. I believe it would pay to have a committee on Southern Propagandism, whose

duty it would be to try to colonize the South with young homœopathic physicians. Such a committee was appointed last year, but owing to confusion in the Secretary's office was never organized for work. I was on that committee, but have never been able to find out who else was, owing to some trouble in the Secretary's office. I was so busy that I never had time to push this matter as it should have been. But if three good, active men were put on the committee and would work, I believe we could in a few years more than double the number of Homœopaths in the South, and this would pay, for the more we have the greater will be our influence, the stronger our prestige and the larger our financial returns from our work. When it becomes known what opportunities there are in the South for our men and what splendid success they have in practice and how prosperous they are financially, I am convinced that we could get a goodly number of young men to locate in our territory, especially in view of the increased number of students and graduates in recent years. I believe this "would pay." I think, too, we should have an active Legislative Committee, which should be charged with the especial duty of watching medical legislation in the States throughout the South and act with the similar committee from the American Institute of Homœopathy. They should secure one man from each State who would watch affairs in his own State and report anything of interest to this committee. I believe this would pay. I believe every State Society should be a member of this society as well as of the American Institute and should pay annual dues to the same. Just what the fee should be for a State membership, I am not prepared to say. But I think every State Society should hold a society membership and in their annual meeting pass resolutions upon questions which they wish this body to act upon and this society should, in turn, hold membership in the American Institute and should send memorials to it on questions of national character. This, I believe, would result in a close union of the societies with each other, will draw them together on a common basis, will give them a greater interest in National or Institute affairs, will strengthen the Institute and enlarge the scope of its work and will benefit in many ways not only the State and Sectional Societies, but the individual members thereof. I believe this will pay.

And, finally, let us all work together for the upbuilding of our City, State and National Societies. Let us determine *now* to be no longer "drones" in the hive, but let us hustle to secure for our Association the active support of every Homœopath in our Southland and contiguous territory. Let us try to show those men in our State who are not members why they should be

and next year show the greatest increase in membership in our history.

Let us conduct ourselves toward the deserving poor and the unfortunates as members of the noblest calling on earth should conduct themselves. Let us remember that money is not the only, nor yet the greatest, reward for service, though of that we should insist upon getting our due share, but that a noble deed of kindness and self denial will bring a flush of satisfaction not to be measured in dollars and cents, and though every other recompense may be denied us, we can always have the satisfaction of knowing that what we have done was *worth the doing* and that always "pays."

CORRESPONDENCE.

INTERESTING NOTE FROM DR. HOYLE.

I have been at the front with the Belgian Field Hospital. I go back on the 27th inst., being home on leave for Christmas. It is awful work, but very fascinating. The wounded need everybody's help. We were in Antwerp four weeks with about five hundred and fifty-four wounded and nineteen deaths. Since the bombardment from which we escaped in seven London omnibuses, we have been at Furnes, Belgian, with over eight hundred wounded and over one hundred deaths. We only handle those who cannot go on by train. We have been bombarded nine days at Furnes. We were not hit! But Furnes has been in the range of German guns all the time. So long. Hope to live and see you all in the *dim* future. It is a *long*, weary road to Tipperary and many must yet die.

Faternally,

E. PETRIE HOYLE.

BOOK REVIEWS.

THE PRACTITIONER'S VISITING LIST FOR 1915.

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MEDICAL CENTURY

THE NATIONAL JOURNAL OF
HOMŒOPATHIC MEDICINE AND SURGERY

PUBLISHED MONTHLY BY

THE MEDICAL CENTURY PUBLISHING CO.
LANCASTER, PA.

WILLIS A. DEWEY, M. D., Ann Arbor, Mich.

ALBERT E. HINSDALE, Columbus, Ohio.

Editors

All communications to the Editor, Books for Review, Exchanges and Contributions for publication, should be addressed to Ann Arbor, Mich.

VOL. XXII JANUARY, 1915 No. 1

THE MEDICAL CENTURY FOR 1915.

THE MEDICAL CENTURY, with the present issue, enters upon its twenty-second year with the hope of better things than ever.

It is the intention of the Editors to make this periodical the representative of what may be termed Research Homœopathy, or the Homœopathy of the Laboratory. We have had the promise of several series of articles from laboratory workers bearing upon the special phases of homœopathic research. Provings are now being conducted in a number of our institutions under a modern scientific technique that will go far not only to establish our system upon a foundation, already firm, but a permanent and lasting one.

We have the promise of a series of papers, entitled drug pictures, by that indefatigable worker, Dr. John H. Clarke, of London, which are to serve, in a measure, as a supplement to his Dictionary of Homœopathic Materia Medica.

We expect to hold the banner of Homœopathy aloft, the Homœopathy of Hahnemann, perfected and rounded out, if possible, by the aid of modern thought and research. The American Institute of Drug Provings is engaged in this work at present.

In other words, it is our intention to keep the MEDICAL CENTURY, as it always has been, in the foremost rank of our homœopathic periodicals, a leader, not a trailer.

With this issue Dr. Albert E. Hinsdale, Professor of Materia Medica and Therapeutics in Ohio State University Homœopathic Medical College, shares the editorial honors with the old editor, already getting gray in the service. Pro-

fessor Hinsdale is well known to the readers of the MEDICAL CENTURY, both here and abroad, through his excellent department of Pharmacodynamics and Therapeutics, a department more extensively quoted and copied from than any other department in any other homœopathic journal extant. He will add much strength to the periodical.

The business management of the MEDICAL CENTURY will remove to Lancaster, Pa., where it has been printed for the past fifteen years, and be assumed by the Examiner Printing House of that city.

Thus in every way the MEDICAL CENTURY for 1915 will be a better publication, a condition, we believe, that will be appreciated by our large and ever growing clientele, and it will continue to be not the organ of a mere society, college, pharmacy or publishing house, but a great organ of the homœopathic school of medicine in its entirety.

SENATOR WORKS AND MEDICAL MONOPOLY.

SENATOR JOHN D. WORKS, of California, in an address upon "The Public Health Service" in the United States Senate, January 5, declared that "our public health service has been given over without question to just one school of medical men to the absolute exclusion of all other modes of healing. The allopathic or old school of medicine, called by themselves the 'regular' school, is made the standard mode of healing and is supreme. No different method is recognized or even considered. No citizen in time of existing or threatened contagion or epidemic of disease is allowed to exercise his individual belief or conscience as to the manner or mode of preserving or restoring his health."

Senator Works submitted a table of expenditures aggregating \$19,800,086.23 for the various departments for the fiscal year 1912 for the health service of the Government. Considerably more than half of that sum, he said, was paid for salaries and other compensation of 15,632 employees, all of whom "were of one school of medicine or under its control."

The Senator said that "the efforts of the American Medical Association to educate and render the work of its members more intelligent and effective are to be highly commended. I presume nobody would complain of that. Cer-

tainly I do not. Its constant and often unwarranted efforts made by some, not all, of the members of that Association, who control its policies and methods to secure legislation beneficial to themselves at the expense of others, in violation of the constitutional rights of other people, and detrimental to their interests, has aroused deep-seated and determined opposition to their methods."

"Much of the opposition to legislation favoring and extending the power of the regular school of medicine has been aroused by the proposal in the Owen Bill to establish a department of health with its head a member of the President's Cabinet, and some of the matter I shall submit will relate specifically to that bill. But it is only a part of a general scheme on the part of the American Medical Association to entrench its school of medicine in power in both state and national affairs. It has worked through various channels to manufacture sentiment in favor of its legislation. The teachers in the various schools, public and private, and the Women's Clubs throughout the country have been the victims of its selfish efforts in this direction. In some instances they have had the good sense to refuse to be made parties to the scheme as I shall presently show. But a good many others, including the National Bureau of Education, have succumbed to its influence and become the advocate of unjust and undesirable legislation."

Among the clubs mentioned by the Senator, which refused to approve the plan for a national department of health, was the Chicago Woman's Club. The Senator also quoted letters sent out by Mrs. J. V. Fowler, E. M. Webster and Charles J. Whalen, of the Public Relations Committee of the Chicago Medical Society, appealing for members and greater activity on the part of the profession in protecting their interests "against all unwarrantable encroachment effecting economic conditions and circumstances under which physicians have to make a livelihood." The Senator related the activities of the American Medical Association in endeavoring to obtain a national department of health and other undesirable medical legislation. He quoted Dr. G. Frank Lydston, of Chicago, who attacked the activity of the political doctors in a pamphlet, entitled "A Privileged Medical Class—The Latest Move of Medical Trust Monopoly—A Warning to the Profession, the Public and Especially to State Legislatures and Medical Ex-

amining Boards." He also quoted from a forceful letter written by Mrs. Lydia Avery Coonley Ward, of Chicago, to the Federation of Women's Clubs of Illinois.

In closing, Senator Works protested against permitting the public health service to be run "as an auxiliary of the American Medical Association," which, he declared, made it "biased, narrow and unjust." He called attention to the By-Laws of the American Medical Association, which make all "commissioned medical officers of the United States Army and Navy and the United States Public Health and Marine Hospital Service" members "of this Association so long as they are actively engaged in their respective service and thereafter if they have been retired on account of their age or physical disability. These members shall not be required to pay dues."

The Senator declared that "Thus all of the medical officers of the Government may be members of the Association and I am informed that none of them have declined to accept such membership. I do not question their motives or their good faith, but I do seriously question their judgment and the propriety of the health officers of the Government belonging to the Association operated for the benefit of its own members. The Government should see to it that the service is removed from any such influence and made the unbiased and honest searcher for the best that can be found as a means of preventing disease and preserving the public health. I ask no more than this and I ask it for and in the name of the American people."

NEWS ITEMS.

MICHIGAN.

The Homœopathic Hospital of the University of Michigan has just ended the most successful year of its existence. For several years this hospital has been run to its full capacity. During 1913 there were treated 1,701 patients, which was all that could be treated with the facilities, and even then there was same crowding. Three months ago some slight relief was provided by the Regents hiring a near-by house and fitting it up as a maternity building. This has proved to be only temporary, as the total number of patients treated during the year 1914 was 1,775, seventy-four in excess of 1913. This does not include the large number of "out" patients that apply daily for minor medical troubles.

The popularity of the homœopathic hospital is one that has steadily grown since the present faculty assumed charge of the college and hospital. In 1901, the first year of the hospital, as it now exists, the income was \$10,169.91. During the year 1914, just closed, the total income of the institution was \$47,036.17. This is an increase of \$36,866.26 over the income of fourteen years ago without material addition of facilities except by the way of overcrowding. The increase of income in 1914 over 1913 was \$4,980.64. The relief afforded by the Maternity Annex is, in a measure, responsible for the increased income, but the institution is now at high water mark of efficiency and earning capacity. It cannot develop further without additional facilities. It is continually overcrowded and patients are constantly refused admission.

Dr. E. Mather has removed from Detroit to Mt. Clemens, Michigan.

Bad Axe, Michigan is in need of a homœopathic physician. Dr. S. J. Henderson, an old and able homœopathic physician, recently died, leaving no one to fill his place.

It costs the Allopathic Department of Michigan University \$237.94 per student to educate him in medicine. In the Homœopathic Department the cost is \$195.19. Thus the actual cost of medical education is \$42.75 less in the Homœopathic Department. This would be much lessened if the Homœopathic Department did not take its first two years with the Allopaths.

NEW JERSEY

Dr. L. E. Hetrick, of Asbury Park, announces the succession of Dr. W. D. Rowland to his practice and records. Dr. Rowland is a graduate of the Homœopathic College of Michigan University.

PENNSYLVANIA.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting on Thursday evening, November 12th, 1914, at Hahnemann College, at 8:30 o'clock. The society entertained the Phi Alpha Gamma Fraternity, whose members contributed some very interesting papers, which consisted of the following:

"A Consideration of the Pelvic Floor in the Second Stage of Labor With the Application Thereto of Waldstein's Transverse Episiotomy" (lantern illustrations), Gilbert Fitz-Patrick, M. D., Chicago.

Discussion opened by John E. James, M. D.

"Odds and Ends of Dermatology" (lantern illustrations), Frederick M. Dearborn, M. D., N. Y.

Discussion opened by Romaine C. Hoffman, M. D.

"Treatment in Nose and Throat Cases," Robert M. Jones, M. D., N. Y.

Discussion opened by Richard H. Street, M. D., Chicago.

The meeting was largely attended and a delightful time was had by all present.

WM. M. SYLVIS, M. D., *Secretary*.

The Philadelphia Society for Clinical Research held its regular monthly meeting at the office of Dr. Warren C. Mercer, 24 S. 21st street, on Wednesday evening, November 25th, 1914, at 9 P. M. A very interesting paper on "The Pessary" was read and discussed. There was a full attendance of members and an enjoyable time was had by those present.

E. A. STEINHILBER, M. D., *Secretary*.

The Clinico-Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College, Saturday evening, November 21st, 1914, at 8:30 o'clock. The scientific program consisted of the following:

"A Case of Pneumococcus Meningitis Ending in Recovery," D. Macfarland, M. D.

"Pylophlebitis," H. L. Northrop, M. D.

"Foreign Bodies in the External Auditory Canal." Resume of Unusual Cases, J. F. Clay, M. D.

A large number of members were in attendance and the meeting was an interesting one.

B. K. FETCHER, M. D., *Secretary*.

The Society of Surgery, Gynecology and Obstetrics held its regular monthly meeting at Hahnemann College, Wednesday evening, November 25th, 1914, at 8:30 o'clock. The scientific program consisted of the following:

"The Surgery of the Vas Deferens," L. T. Ashcraft, M. D.

"An Unusual Uterine Fibroid," Nathaniel F. Lane, M. D.

Several interesting clinical cases were reported, after which a hearty discussion took place. The meeting was an interesting one and was well attended.

J. M. KENWORTHY, M. D., *Secretary*.

The Germantown Homœopathic Medical Society held its regular monthly meeting, at the Hotel Majestic, Broad and Girard avenue, on Monday, the 15th of November, 1914, at nine o'clock in the evening. "Early Recognition of Gastric Carcinoma with Especial Reference to Surgical Interference" was read and illustrated by Drs. H. M. Eberhard and Walter Barker. Dr. Eberhard gave a demonstration of clinical methods by which malignancy could be detected, while Dr. Barker illustrated, by lantern slides, the value of X-Ray in the early recognition of cancer of the stomach. The censors reported favorably the name of Dr. Wm. J. Felsberg, Jr. Keen interest was shown at the meeting by a large number of members present.

L. W. THOMPSON, M. D., *Secretary*.

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the office of Dr. C. E. Tegtmeier, 1237 Shackamaxon street, on Wednesday evening, November 18th, 1914.

"Who's Who in Homœopathy," was the title of a paper which was read and afterwards heartily discussed by a large number present. The meeting was an interesting one and was enjoyed by all present.

J. D. BOILEAU, M. D., *Secretary*.

The Homœopathic Medical Society of Chester, Delaware and Montgomery Counties held the first of the regular winter meetings at the Pen and Pencil Club, 1026 Walnut street, Philadelphia, on Tuesday, Decem-

ber 8th, 1914, at one o'clock in the afternoon. Luncheon was served promptly at one-thirty to all present, after which many important business matters were taken up and discussed. The scientific program consisted of an interesting and well prepared paper entitled "A Few Thoughts Regarding the Possible Causes of Mental Deficiency of School Children," by Dr. Charles H. Palmer, of West Chester, Pa., and an illustrated talk on "The More Common Diseases of the Eye, Especially From the Viewpoint of the General Practitioner," by Dr. Wm. M. Hillegas, which proved to be a very delightful feature of the occasion. The election of officers to serve for the ensuing year took place and a large number of members were in attendance.

ISAAC CROWTHERS, M. D., *Secretary*.

The Women's Homœopathic Medical Association, of Pittsburgh, Pa., held its regular monthly meeting at the office of Dr. Mary E. Coffin, 3829 California avenue, on Thursday, December 3, 1914, at 8 P. M. Dr. Coffin was the essayist of the evening and handled her subject in a very able manner. The meeting was a delightful one and was thoroughly enjoyed by all present.

L. B. PIERCE, M. D., *Secretary*.

The Oxford Medical Club held its regular monthly meeting at the office of Dr. V. P. Wilcox, Wednesday evening, December 9th, 1914. "Medical and Surgical Aphorism," was the title of a paper read by Dr. Wilcox and which proved to be a very interesting feature of the occasion. The meeting was well attended and an enjoyable time was had by those present.

C. W. SIMMONS, M. D., *Secretary*.

The Southern Homœopathic Medical Association held its annual convention at the Hotel Emerson, Baltimore, Md., on November 10, 11 and 12, 1914. Many prominent homœopathic physicians attended the convention. Those from Philadelphia were Dr. H. L. Northrop, who gave an interesting talk on "Surgical Matters," and Dr. Ralph Bernstein, who delivered a lecture, "Projectoscopic Skin Clinic—A Lantern Demonstration of the More Common Skin Diseases (in colors), Their Diagnosis and Treatment," which proved to be an interesting feature of the occasion. The convention was the largest ever held by the Southern Homœopathic Association and keen interest was shown by those attending.

H. E. KOONS, M. D., *Secretary*.

PERSONALS.

Dr. Norman E. Sheen announces the opening of offices at rooms 204 and 205 Sheen Building, Atlantic City. Specializing in X-Ray and Medical Electricity.

Dr. J. M. Kenworthy announces change of office hours, 9 to 11 A. M., 4 to 6 P. M. Sunday and other hours by appointment. Practice limited to Genito-Urinary Diseases.

Mr. and Mrs. Theodore Kremer announces the marriage of their daughter, Etta Marie, to Dr. Edward Knight Golding, Wednesday, November the 25th, 1914, Phoenixville, Pennsylvania.

OBITUARY.

Dr. Samuel J. Henderson.

Bad Axe, Mich., æt. 65. Hahnemann College of Philadelphia.

Dr. Wm. Havens,

St. John's, Michigan, January 11, æt. 84. Michigan State Homœopathic College, 1871.

Dr. Chas. S. Albertson.

Oswego, N. Y., Dec. 7, æt. 62. Homœopathic College, Cleveland, O., 1882.

Dr. Isaac R. Hogue.

Elkhart, Ind., Dec. 2, æt. 82. Hahnemann Medical College, Chicago, 1892.

Dr. Ira J. Schott.

Naperville, Ill., Nov. 21, æt. 54. Hahnemann Medical College, Chicago, 1887.

Dr. J. W. Reith.

Lancaster, Pa., Dec. 9, æt. 32. Hahnemann Medical College, Philadelphia, 1905.

Dr. Adeline W. Wildes.

Roxbury, Mass., Dec. 6, æt. 74. Boston University School of Medicine, 1881.

Dr. F. L. Babcock.

Dedham, Mass., Oct. 27, æt. 65. Boston University School of Medicine, 1879.

Dr. J. T. Bettis.

Livonia, N. Y., Nov. 22, æt. 69. Cleveland Homœopathic College, 1869.

Dr. Walter V. Hanscom.

Rockland, Me., Nov. 7, æt. 45. Hahnemann Medical College, Philadelphia, 1890.

Dr. D. W. Howard.

Nevada, Mo., Nov. 21. Hahnemann Medical College, Chicago, 1881.

Dr. James Ball.

Ottawa, Kan., Nov. 26, æt. 48. Kansas City Homœopathic College, 1893.

Dr. Geo. H. Burke.

Wabash, Ind., Dec. 4, æt. 51. Chicago Homœopathic College, 1898.

Dr. Sumner A. Stacy.

Adamsville, N. Y., Dec. 4, æt. 57. New York Homœopathic College, 1886.

Dr. Winfield T. Smith.

Brookline, Mass., Dec. 16, æt. 53. Boston University School of Medicine, 1883.